

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
HEALTH REGULATION AND LICENSING ADMINISTRATION**



Home Care Agencies Insurance Verification Request Form

The Director of the Department of Health, pursuant to the authority set forth in Sections 2(b) and 5(a) of the Health Care and Community Residence Facility, Hospice and Home Care Licensure Act of 1983 (hereinafter "the Act"), effective February 24, 1984, D.C. Law 5-28, D.C. Official Code §44-501 (b) and 44-504(a), and in accordance with Mayor's Order 98-137, dated August 20, 1998, hereby gives notice of the adoption of the following operating standards for home care agencies in Title 22 District of Columbia Municipal Regulations, Chapter 39.

Please complete and return this document with the application package **no later than** 60 days of intent to open and operate an agency or ninety (90) days prior to the expiration date of the license.

I, _____
Signature of HCA Official Number Street City State Zip

On this date _____ I authorize the release and verification of the requested information regarding my insurance policies.

Insurance Company: _____

Address: _____

Please verify that the above-named operator has a current Blanket Malpractice and General Insurance policy (policies) with your company that provides coverage for the agency.

BLANKET MALPRACTICE INSURANCE

Professional Employees in the amount of least \$1,000,000.00 per incident;

Amount \$ _____ Policy Number _____ Expiration Date _____

GENERAL LIABILITY INSURANCE

Personal property damages, bodily injury, libel, and slander in the amount of at least one million dollars (\$1,000,000.00) per occurrence; and

Product liability insurance, when applicable.

Policy Number: _____ Expiration Date: _____

Signature: _____ Date: _____